

MDR Tracking Number: M5-04-1072-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution-General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 12-12-03.

The IRO reviewed work hardening, medical conference, office visit, and conductive paste from 9-29-03 through 10-7-03.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 3-2-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
9-9-03 9-16-03 9-24-03 9-25-03 9-26-03 10-3-03 10-8-03 10/10/03	97545WH -CA 97546WH -CA	\$128.00 x 8 days \$384.00 x 8 days	\$0.00	No EOB	\$64.00/hr CARF accredited	Rule 133.307(g) (3) (A-F)	Relevant information supports delivery of service for 9-9-03 through 9-26-03 only. Recommend reimbursement of \$128.00 + \$384.00 = \$512.00 x 5 days = \$2,560.00.
9-23-03	97545WH -CA 97546WH -CA	\$128.00 \$192.00	\$0.00	No EOB	\$64.00/hr CARF accredited	Rule 133.307(g) (3) (A-F)	Relevant information supports delivery of service. Recommend reimbursement of \$128.00 + \$192.00 = \$320.00.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
9-22-03	97545WH-CA 97546WH-CA	\$128.00 \$192.00	\$0.00	111 (FHN contract status indicator)	\$64.00/hr CARF accredited	Rule 133.307 (g)(3) (A-F)	Requestor did not challenge carrier's denial rationale or dispute the existence of a contract. Neither party submitted a copy of a negotiated contract. Therefore, no reimbursement recommended.
10-9-03	97545WH CA 97546WH CA	\$128.00 \$384.00	\$0.00	111 (FHN contract status indicator)	\$64.00/hr CARF accredited	Rule 133.307 (g)(3) (A-F)	Requestor did not challenge carrier's denial rationale or dispute the existence of a contract. Neither party submitted a copy of a negotiated contract. Therefore, no reimbursement recommended.
9-15-03	99361	\$53.00	\$0.00	No EOB	\$53.00	Rule 133.307 (g)(3) (A-F)	Requestor failed to submit relevant information to support delivery of service.
9-22-03	99361	\$53.00	\$0.00	111	\$53.00	Rule 133.307 (g)(3) (A-F)	Requestor did not challenge carrier's denial rationale or dispute the existence of a contract. Neither party submitted a copy of a negotiated contract. Therefore, no reimbursement recommended.
TOTAL		\$4,330.00	\$0.00				The requestor is entitled to reimbursement of \$2,880.00.

This Decision is hereby issued this 10th day of May 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable for dates of service 9-26-03 through 10-7-03 in this dispute.

This Order is hereby issued this 10th day of May 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

February 25, 2004

MDR Tracking #:	M5-04-1072-01
IRO Certificate #:	IRO 4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. ____ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a repetitive injury on ____ with diagnosis of carpal tunnel syndrome bilaterally. An MRI dated 06/04/03 revealed mild-to-moderate carpal tunnel syndrome. She saw a chiropractor for physical medicine treatment.

Requested Service(s)

Work hardening/conditioning initial 2 hours, work hardening/conditioning each additional hour, 30-minute medical conference, office visit-may not require a physician, and conductive paste from 09/29/03 through 10/07/03

Decision

It is determined that the work hardening/conditioning initial 2 hours, work hardening/conditioning each additional hour, 30-minute medical conference, office visit-may not require a physician, and conductive paste from 09/29/03 through 10/07/03 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient was evaluated for consideration of a work hardening program after initial therapies were completed. There were sufficient subjective and objective findings to warrant a multidisciplinary program. Chiropractic guidelines allow for progression into a work hardening program in injuries of this nature given the positive objective findings, results of the physical performance evaluation and functional capability evaluation, positive MRI, and positive electrodiagnostic testing. All testing and each date of service were properly documented as to the physical and functional components of the program, her goals, her current condition, her participation, and her progress over the course of the program. The documentation reviewed does provide credible evidence that this patient required the vocational and behavioral component of the work hardening program. Therefore, it is determined that the work hardening/conditioning initial 2 hours, work hardening/conditioning each additional hour, 30-minute medical conference, office visit-may not require a physician, and conductive paste from 09/29/03 through 10/07/03 were medically necessary.

Sincerely,